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Bib Data Sheet

CONFIRMATION NO. 9721

SERIAL NUMBER 10/775,418	FILING DATE 02/10/2004  RULE	CLASS 062	GROUP ART UNIT 3744	ATTORNEY DOCKET NO.
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/754,429 01/09/2004 PAT 6,915,641  
 which claims benefit of 60/439,972 01/14/2003

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\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/06/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY VT	SHEETS DRAWING 9	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature Initials				

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TITLE

Personal back rest and seat cooling and heating system

FILING FEE  RECEIVED 656	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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